

PLAINTIFF'S
EXHIBIT
DUP-652

REV. 2-77



E. I. DU PONT DE NEMOURS & COMPANY
WILMINGTON, DELAWARE

EMPLOYEE RELATIONS DEPARTMENT

CC: ~~B. W. Schmalbach, M.D.~~
~~R. W. Schmalbach, M.D.~~
~~R. N. Liger, M.D.~~
~~Sprout, M.D.~~
M.D.
M. S. Riviello, M.D. -
Repauno

DR

January 23, 1981

Repauno

R. W. BAYRER - REPAUNO
V. R. SCHMALBACH - REPAUNO
A. B. PALMER - WILMINGTON

ASBESTOS RELATED GASTROINTESTINAL CANCER

In a conversation with Paul Kotin, M.D., Medical Director of Johns-Manville on 1/21/81 about the relationship of gastric cancer and asbestos exposure, it is his opinion that certain quantitative chest findings must be present in order to make the identification. They are parenchymal disease (interstitial fibrosis) evident on the chest x-ray, and/or evidence of restrictive pulmonary pathology manifested by reduced forced vital capacity (FVC) in pulmonary function tests.

When interstitial fibrosis and/or restrictive pulmonary pathology are present with or without pleural plaques or thickening, and when a positive history of asbestos exposure is obtained it is reasonable to assume that a gastrointestinal cancer could have the same cause. This is essentially a diagnosis of asbestosis. These criteria have been tested in litigation and compensation cases with denial of claims when chest x-ray findings are of lesser degrees or pulmonary function does not show a restrictive pattern.

Pleural thickening or plaques without reduced FVC, or interstitial fibrosis would not be sufficient evidence to prove asbestos related gastrointestinal cancer.

Marvin Kushner, M.D., Dean of State University of New York at Stony Brook, New York 11794 (Telephone (516) 444-2080), was recommended as an expert pathologist in asbestos related conditions in the North East United States.

MEDICAL DIVISION

EXHIBIT # *Karch-mm*
DATE *12-19-86*
WILMINGTON, DELAWARE

John C. Bonnett
John C. Bonnett, M.D.
Asst. Medical Director

JCB/kcb

DUP 0931903

THERE'S A WORLD OF THINGS WE ARE DOING SOMETHING ABOUT

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